



APPLICATION FOR ANIMAL PREMISES REGISTRATION

Washington State Department of Agriculture
Animal Services Division
Animal Identification Program
PO Box 42560 • Olympia WA 98504-2560
(360) 725-5493
e-mail: nais@agr.wa.gov

PURPOSE OF APPLICATION

DATE OF THIS APPLICATION	<input type="checkbox"/> Apply for a premises number	<input type="checkbox"/> Retire a premises number (check reason below) Reason: <input type="checkbox"/> Error <input type="checkbox"/> Sold <input type="checkbox"/> Merged <input type="checkbox"/> Operation terminated, development <input type="checkbox"/> Split
	<input type="checkbox"/> Update contact information	

ACCOUNT INFORMATION

PRIMARY CONTACT NAME: FIRST NAME		M.I.	LAST NAME	
NAME OF BUSINESS			ACCOUNT NUMBER (IF KNOWN)	
ALTERNATE CONTACT NAME: FIRST NAME		M.I.	LAST NAME	
MAILING ADDRESS			MAILING ADDRESS ADDITIONAL LINE	
CITY	STATE	ZIP	COUNTY	
BUSINESS TYPE (CHECK ONE ONLY) <input type="checkbox"/> Incorporated Company <input type="checkbox"/> State or Federal Government Entity <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> N/A				
BUSINESS OPERATION TYPE (CHECK ALL THAT APPLY) <input type="checkbox"/> Production Unit <input type="checkbox"/> Clinic <input type="checkbox"/> Exhibition <input type="checkbox"/> Laboratory <input type="checkbox"/> Market/Collection Point <input type="checkbox"/> Non-Producer Participant <input type="checkbox"/> Port of Entry <input type="checkbox"/> Quarantine Facility <input type="checkbox"/> Rendering <input type="checkbox"/> Slaughter Plant <input type="checkbox"/> Tagging Site				
MAIN BUSINESS PHONE NUMBER		CELL PHONE NUMBER		FAX NUMBER
E-MAIL ADDRESS				
WHAT USER NAME DO YOU WANT TO ACCESS YOUR ACCOUNT ONLINE? (8-12 CHARACTERS, CAN BE NUMBERS OR LETTERS)				A PASSWORD WILL BE MAILED TO YOU

PREMISES INFORMATION (If more than 1 premises, complete additional forms)

NAME/DESCRIPTION OF PREMISES (EXAMPLE: "BACK 40", "BARN #2")			PREMISES NUMBER (IF KNOWN)	
PHYSICAL ADDRESS			LONGITUDE/LATITUDE (IF KNOWN)	
CITY	STATE	ZIP	COUNTY	
PRIMARY CONTACT FOR THIS PREMISES: FIRST NAME		M.I.	LAST NAME	
MAIN BUSINESS PHONE NUMBER		CELL PHONE NUMBER		FAX NUMBER
LEGAL DESCRIPTION OF LAND (IF KNOWN) Township(s): Range(s): Section(s):				
PREMISES OPERATION TYPE (CHECK ALL THAT APPLY AT THIS PREMISES) <input type="checkbox"/> Production Unit <input type="checkbox"/> Clinic <input type="checkbox"/> Exhibition <input type="checkbox"/> Laboratory <input type="checkbox"/> Market/Collection Point <input type="checkbox"/> Non-Producer Participant <input type="checkbox"/> Port of Entry <input type="checkbox"/> Quarantine Facility <input type="checkbox"/> Rendering <input type="checkbox"/> Slaughter Plant <input type="checkbox"/> Tagging Site				
SPECIES AT THIS PREMISES (CHECK ALL THAT APPLY) <input type="checkbox"/> Bovine (Cattle & Bison) <input type="checkbox"/> Camelid (Alpaca & Llama) <input type="checkbox"/> Caprine (Goats) <input type="checkbox"/> Equine (Horses) <input type="checkbox"/> Ovine (Sheep) <input type="checkbox"/> Porcine (Swine) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Poultry: <input type="checkbox"/> Chickens <input type="checkbox"/> Ducks <input type="checkbox"/> Emu <input type="checkbox"/> Geese <input type="checkbox"/> Guineas <input type="checkbox"/> Pheasants <input type="checkbox"/> Quail <input type="checkbox"/> Turkeys				

Instructions for Completing APPLICATION FOR ANIMAL PREMISES REGISTRATION

PURPOSE OF APPLICATION SECTION	
Form Item	Instructions
Apply for a premises number	Mark this box if you want a new premises number
Update contact info	Mark this box to update information on an existing premises
Retire a premises number	Mark this box if you want a premises number retired permanently or if you sold the premises (be sure to mark the box of the reason you are retiring the premises number)

ACCOUNT INFORMATION SECTION	
Primary Contact	Primary contact person if we need to get in touch with you
Name of Business	Your business' official name
Alternate Contact	Alternate contact person if we need to get in touch with you
Mailing Address	Mailing address for business
Business Type	Check business type (Select only one)
Business Operation	Check all operations that apply to your business (e.g., Production Unit: Farm, Ranch, Feedlot, Hunting Lease, etc.; Non-Producer Participant: Will report data but is not a producer; Tagging Site: A service that applies tags on behalf of the owner; Market/ Collection Point: Where animals are sold)
Main Business Phone Number	Phone number of primary contact or business
Cell Phone Number	Cell phone or alternate phone number
Fax Number	Fax number of primary contact or business
E-Mail Address	E-mail address of primary contact or business
User Name	Choose 8-12 characters for accessing account information online

PREMISES INFORMATION SECTION	
Name of Premises	Your name for the location (e.g., "Main Ranch", "Back 40", "Summer Pasture", etc.)
Premises Number	Existing premises number (If known)
Physical Address	Physical location where livestock is housed or 911 address (If none, describe the location of the land and its farm gate)
Longitude/Latitude	Longitude and Latitude (If known)
Primary Contact	Primary contact person for this premises if we need to get in touch with you
Main Business Phone Number	Phone number of primary contact for the premises
Cell Phone Number	Cell phone or alternate phone number
Fax Number	Fax number of primary contact for the premises
Legal Description of Land: Township(s) Range(s) Section(s)	Optional information - found on Deed or in Property Tax records (Needed if premises does not have a physical address)
Premises Operation Type	Check all operations that apply at this premises
Species at Premises	Check all species that apply